

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13914**

BIRTH NO.		REG. DIST. NO. <b>181</b>		PRIMARY REG. DIST. NO. <b>5677</b>		Registrar's No. <b>8</b>	
1. PLACE OF DEATH a. COUNTY <b>LINCOLN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>LINCOLN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FILEX</b>		c. LENGTH OF STAY (in this place) <b>LIFETIME</b>		c. CITY OR TOWN <b>FILEX</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 MI N. FILEX</b>				e. STREET ADDRESS (If rural, give location) <b>2570</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b>		b. (Middle) <b>DAVID</b>		c. (Last) <b>ASBY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 23 1956</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>SEPT. 4 1903</b>	
9. AGE (in years last birthday) <b>52</b>		10. MONTHS <b>7</b>		11. DAYS <b>19</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CUTTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GLOVE FACTORY</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>LINCOLN COUNTY MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>GEORGE ASBY</b>		13b. MOTHER'S MAIDEN NAME <b>MARY KOSTER</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>492160216</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JOE ASBY</b> ADDRESS <b>1345 FERGUSON AVE, PAGEDALE, MO.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:15P</b> m., from the causes and on the date stated above.							
23. SIGNATURE <b>Wm. H. Marsh</b> (Degree or title) <b>CORONER</b>		23b. ADDRESS <b>351 Monroe St Troy, Missouri</b>		23c. DATE SIGNED <b>4/24/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>APRIL 26-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST ALPHONSUS</b>		24d. LOCATION (City, town, or county) (State) <b>MILLWOOD MO</b>	
DATE REC'D BY LOCAL REG. <b>5/4/56</b>		REGISTRAR'S SIGNATURE <b>Mrs. Clarence Kientz</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Mudd</b>		ADDRESS <b>BOWLING GREEN, MO.</b>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 9 1958

---

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed

*James C. Muddel*

Licensed Embalmer No. 415

P. O. Address

*Pauling St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.